40 MRY 11 2007 16:02 FR

	ATE OF TR Heinrich RÖD		CSIMILE (37 CFR 1.8)	Docket No. 130229-02	
Application	n No.	Filing Date	Examiner	Group Art Unit	
10/814,0	86	March 31, 2004	Michael Ferguson	3679	
vention: SA	AFETY MEAN:	S FOR A VERTICAL CON	NECTION OF TWO MEMBERS		
				<u> </u>	
hereby certify	y that this	Transmittal of Payment o	of Issue Fee, Part B-Fee Transmittal.	and Fee Transmittal	
•			of Issue Fee, Part B-Fee Transmittal, (Identify type of correspondence)	*****	
•			of Issue Fee, Part R-Fee Transmittal, (Identify type of correspondence) nt and Trademark Office (Fax. No.	*****	
being facsim			(Identify type of correspondence)	*****	
being facsim	nile transmitted		(Identify type of correspondence)	*****	
being facsim	nile transmitted May 11, 2007		(Identify type of correspondence)	*****	
being facsim	nile transmitted May 11, 2007		(Identify type of correspondence) Int and Trademark Office (Fax. No.	571-273-2885	
being facsim	nile transmitted May 11, 2007		(Identify type of correspondence) Int and Trademark Office (Fax. No.	571-273-2885	
being facsim	nile transmitted May 11, 2007		(Identify type of correspondence) Int and Trademark Office (Fax. No.	571-273-2885	
hereby certify s being facsim	nile transmitted May 11, 2007		(Identify type of correspondence) Int and Trademark Office (Fax. No.	571-273-2885	

Note: Each paper must have its own certificate of mailing.

\11 2007 16:02 FR 734 302 7622 TO 915712732885 P.02/05 TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) Docket No. (37 C.F.R. 1.311) 130229-02 Applicant(s): Heinrich RÖDER et al. Application No. Filing Date Examiner Customer No. **Group Art Unit** Confirmation No. 10/814,086 March 31, 2004 Michael Ferguson 35684 3679 7307 Invention: SAFETY MEANS FOR A VERTICAL CONNECTION OF TWO MEMBERS Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 <u> Alexandria, VA 22313-1450</u> Transmitted herewith are the following for the above-identified application. Issue Fee Transmittal Form PTOL-85 Utility Fee: \$ 1400.00 Design Fee: Plant Fee: Publication Fee: \$ 300.00 A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 12-2136 as described below. \boxtimes Charge the amount of \$1,700.00 \boxtimes Credit any overpayment. Charge any additional fee required. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: Michael S. Gzybowski CC: Certificate of Transmission by Facsimile This certificate may only be used if paying

by deposit account.

I certify that this document and authorize		
account is being facsimile transmitted		States
	571-273-2885	}
On .		

May 11, 2007 Debra L. Burns

Typed or Printed Name of Person Signing Certificate

Certificate of Malling by First Class Mail

with the United Si first class mail in	that this correspondence is being deposited tates Postal Service with sufficient postage as an envelope addressed to "Commissioner for x 1450, Alexandria, VA 22313-1450" [37 CFR
(Date)	•
Signatu	re of Person Mailing Correspondence
Timed on Bule	ad Mana of Breez 16 '11' 6

PAGE 2/5 * RCVD AT 5/11/2007 3:56:19 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/10 * DNIS:2732885 * CSID:734 302 7622 * DURATION (mm-ss):02-24=

MAY 11 2007 BY

Code:

PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Patent and Trademark office: U.S. DEPARTMENT OF COMMERCE

Page 1 of 1995, no persons are required to respond to a collection of information unless the displace and the collection of information unless the displace and the collection of information unless the displace and the collection of information unless the collection of

-3 or HP = x 5200.00 = \$0.00 FP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE if the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 17 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets					parie is a condendina	monnauen	uniess it displays	a valid OMB control numb
Applicant claims email entity status, See 37 CFR 1.27	Fass pursuant to the Consoli	dated Appropri	atona Aet. 2005 (H.	R. 4818)		Com	plete If Know	'n
FIRST Named Inventor Applicant claims email entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) \$1,700.00 Attorney Docket No. 139229-02					Application Numi	ber 10/1	814,086	
Applicant ctalms amail entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) \$1,700.00 Attorney Docket No. 139239-02 METHOD OF PAYMENT (check all that apply) Check				7 —	Filing Date	Ma	rch 31, 2004	
TOTAL AMOUNT OP PAYMENT (\$\$ \$1,700.00 Attorney Docket No. 13023-02 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Deposit Account Number: 12,2136 Deposit Account Name: BUTZEL LONG For the above-identified deposit account, the Director is hereby authorized tax (check all that apply) Charge fee(s) indicated below Charge	TOT I	Y 200)6		First Named Inve	entor Hel	mich RÖDER e	t aL
TOTAL AMOUNT OF PAYMENT (\$) \$1,700.00 Attorney Docket No. 130239-02 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG For the above-identified deposit account, the Director is hereby authorized tax (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. except for the filtre fee Charge fee(s) indicated below Charge fee(s) indicated below. except for the filtre fee Charge fee(s) indicated below Charge fee(s) indicated below. except for the filtre fee Charge fee(s) indicated below. except for the filtre fee Charge fee(s) indicated below. Except fee the filtre fee Charge fee(s) indicated below. except for the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee the filtre fee Charge fee(s) indicated below. except fee fee Charge fee(s) indicated below. except fee fee(s) fee Charge fee(s) fee(s) fee fee) fee Charge fee(s) fee(s) fee fee) fee Charge fee(s) fee(s) fee fee) fee Charge	Applicant claims sma	Il entity status	s. See 37 CFR 1	.27		Mic	had Ferguson	
Check							9	
Check Credit Card Money Order None Other (please identify):	TOTAL ABOUNT OF	PATMENT	(\$) \$1,7	00.00	Attorney Docket	No. 130	229-02	
Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy) Charge fee(s) indicated below Charge fee(s) indicated below. except for the Birra fee Charge fee(s) indicated and the Information and authorization on PTC-2038. 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES FILING FEES Fee (\$) Fee (METHOD OF PAYME	NT (check al	that apply)					
Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG For the above-identified deposit account, the Director is hereby authorized to: (check uil that apphy) Charge fee(a) indicated below	☐ Check ☐ Credit	Card	Money Order	□ Non	e Other ((please ident	lify):	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. except for the Plang fee Charge fee(s) indicated below. except for the Plang fee Charge fee(s) indicated below. except for the Plang fee Charge fee(s) indicated below. except for the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated below. except fee the Plang fee Charge fee(s) indicated and subcreated on this ferm. Provide credit cand information and subcreated in Plang fee(s) indicated except fee Charge fee(s) Charge	Deposit Dep	osit Account	Number:	12-2136	Deposit A	ccount Nar	ne: RU	TZEL LONG
Charge fee(s) indicated below Charge any additional fee(s) or any underpayments of Money overpayments over overpayments of Money overpayments overpayments of Money overpayments overpayments of Money overpayments overpayments overpayments overpayments overpayments overpayments overpaym	For the above-identified	deposit secous	at, the Director is he	ereby auti				1882 20110
Charge any additional fee(e) or any underpayments of local charge any additional fee(e) or any underpayments of local charge any additional fee(e) and 1.17 WARNING: Information and his form may be provided on this form. Provide credit card information and authorization on PTO-3/58. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Application Type Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity Fee (3) Fee (3) Fee (4) Fee (3) Fee (4) Fee (5) Fee (6) Fee (E*a				PTTO			
WARNING: Information on this form may be become public. Gredit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Apolication Tone Fee (\$) Fee (☑ Charge	any additional t	'AA(s) or any under	STUTION	_			or the filing fee
FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Abolication Type Fee (\$) Fee	T99(5) L	nder 37 CFR 1.	18 and t 17	-	23			
Abolication Type	Information and authorizate	on PTO-201	8.	COIL COIL	a mountainen snogg	T HOT DE INC	luded on this for	m. Provide credit card
Abolication Type	FEE CALCULATION (All the fees	below are due	9 upon	filing or may be	e subject	to a surchan	ge.)
Application Type Fee S Ee B Fee S Fee	1. Basic filing, sear	CH, AND EX	AMINATION FEI	ES				
Color Colo		FILING F		DEAKL		EXAMI		
Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 22. EXCESS CLAIM FEES Ree Description Each daim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Each independent claims over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Each independent claims Each daim over 3 (including Reissues) Subject to the specification of the specific trans of the specific trans of the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 17 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Intel Sheets Extra Sheets Number of each additional 50 or fraction thereof fee [5] Fee Paid (5) Extra Sheets Number of each additional 50 or fraction thereof fee [5] Fee Paid (5) Tetal Sheets Number of each additional 50 or fraction thereof fee [5] Fee Paid (5) Tother FEE(S) Intel Sheets Number of each additional 50 or fraction thereof fee [5] Fee Paid (5) Tetal Sheets Size of the paid (5) Tetal Sheets Size of the paid (6) Each additional 50 sheets or fraction thereof fee [5] Fee Paid (5) Tetal Sheets Size of the paid (6) Each additional 50 sheets or fraction thereof fee [5] Each additional 50 sheets or fraction thereof. Each add				Fee (\$)		Fee (\$)		Fees Paid(\$)
Plant 200 100 300 150 160 80				500	250	200	100	
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Extra Claims Fee (5) Fee (5) Fee Paid (6)	•			100	50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					150	160	80	<u> </u>
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Retssues) Each independent claim over 3 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) Multiple dependent claims Fee (8) Fee Paid (5) Fee Paid (5) Fee Paid (5) Fee I\$ Fee Paid (6) Fee I\$ Fee Paid (6) Fee I\$ Fee Paid (6) Fee I\$ Fee Paid (7) Fee I\$ Fee Paid (8) Fee Paid (8) Fee I\$ Fee Paid (9) Fee Paid (1) Fee Paid				500	250	600	300	
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Fee (\$) Fee (\$) Fee (\$) Multiple dependent claims Fee (\$) Fee Paid (\$) Fee			100	0	0	0	0	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Extra Claims Extra Claims Fee (8) Fee Paid (5) -20 or HP =		i						9mall 5-45
Each independent claim over 3 (including Reissues) Solution 100 Multiple dependent claims Iotal Chaims Fee (8) Fee Paid (5) Fee Paid (6) Fee Paid (7) Fee Paid (8) Fee Paid (8) Fee Paid (8) Fee Paid (9)							<u>Fee (\$)</u>	
Multiple dependent claims Sector Claims Fee (5) Fee Paid (5) Fee Paid (5)	Each independent daim o	ling Reissue:	6) Deise				50	
Fee	Multiple dependent daims	rei 3 (ilicado)	ng Reissues)				•	
Fee (\$) Fee (\$) Fee (\$) Fee (\$)								
If a highest number of total claims peid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)			. —		Fee Pald (\$)			
Index Claims -3 or HP = x 5200.00 = \$0.00 -4 or HP = x 5200.00 -4			×\$50.0	<u>)() </u>				
#P = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE five specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 17 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = 0	Indep, Claims	Extra Claims	Fee (\$)	na				
the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 17 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	HP = highest number of indepe	ndent claims pa	id for, if greater tha	in 3.	<u>3V.UU</u> _			ļ
Total Sheets -100 = 0 /50 0 (round up to a whole x \$250,00 = \$0.00 COTHER FEE(S) Ion-English specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Issue and Publication Fees Registration No. (Automy/Agent) Registration No. (Automy/Agent) Ame (Print/Type) Michael S. Gzyybowski Date May 11, 2007	3. APPLICATION SIZE FE If the specification and drop	E	400					
Total Sheets - 100 = 0 / 50 0 (round up to a whole x \$250,00 = \$0,00 OTHER FEE(S) Ion-English specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Issue and Publication Fees UBMITTED BY. Ignature Registration No. (Alterney/Agent) May 11, 2807	37 CFR 1.52(e)), the applic See 35 U.S.C. 41(a)(1)(G)	ation size fee and 37 CFR	100 sneets of pa due is \$250 (\$1 1.16(s),	aper (ex 25 for s	cluding electronical mail entity) for each	lly filed sec h additiona	quence or comp I 50 sheets or fr	uter listing under action thereof.
COTHER FEE(S) Ion-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Issue and Publication Fees UBMITTED BY. Ignature Registration No. (Automoty/Agent) Registration No. (Automoty/Agent) Michael S. Gzyybowski Date May 11, 2807	Total Sheets	Extra Sheet	Numbe	er of eac			of <u>Fee (\$)</u>	Fee Pald (\$)
con-English specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Issue and Publication Fees UBMITTED BY gnature Registration No. (Altomey/Agent) Michael S. Gzyybowski Date May 11, 2007			/50	Щ	(cound up to a v	whole	× <u>\$250,00</u>	
Cher (e.g., late filing surcharge): Issue and Publication Fees UBMITTED BY gnature Begistration No. (Altomey/Agent) Altomey/Agent) May 11, 2807	Ion-English specification.	\$130 fee (n	o small entity dis	(count				Fee Paid (\$)
gnature Michael S. Gzyybowski Date May 11, 2807	Other (e.g., late filing surch	arge): <u>Issue a</u>	nd Publication Fe	200				\$1,700.00
ame (Print/Type) Michael S. Gzyybowski Date May 11, 2807	UBMITTED BY	1 /	£21/		- 11.			
	V 70	100	It thene	Rec	sistration No. mey/Agent)	32,816	Telephone	734-995-3110
collection of information is required by 37 CPR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the	ame (Print/Type)			zyybow	ski			May 11, 2007
	s collection of information is re PTO to process) an application	quired by 37 Cl	R 1.138. The info	mation i	s required to obtain or	r retain a ber	nefit by the public	which is to file (and by the

This collection of information is required by 37 CPR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Common. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.